

May 24, 2021

Marta D. Harting
T 410.244.7542
F 410.244.7742
MDHarting@Venable.com

VIA HAND DELIVERY

Ruby Potter
Health Facilities Coordinator
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

Re: Luminis Health Doctors Community Medical Center Certificate of Need Application to Establish a 16-Bed Adult Inpatient Psychiatric Unit; Filing of Modified CON Table Package and Response to HSCRC Questions

Dear Ms. Potter:

This is written to provide the information that the Applicant recently provided to the Health Services Cost Review Commission (HSCRC) in response to its questions about the above-referenced CON Application, and to file revised CON Tables J, K and L which we provided to the HSCRC based on its questions. Please note that we are filing the entire CON Table Package for simplicity, but the only Tables that have been revised from the CON Application are: (1) Tables J, K and L (based on the HSCRC's questions), and (2) Table F (which was revised based on the MHCC's Completeness Questions and is in the form included with the Responses we filed on May 21, 2021.)

The HSCRC asked for clarification of the Applicant's assumptions based on which it used a rate for contractals for the new unit of approximately 7% vs. the existing hospital rate of approximately 17%. As we explained to the HSCRC, the Applicant developed the financials for the psychiatric unit based on Luminis Health's experience operating the McNew Family Medical Center, an inpatient psychiatric facility in Annapolis. The Applicant calculated contractals for the LHDCMC unit based on this experience, as well as the projected payer mix and HSCRC-approved differentials plus 1% for denials, which results in 5.8% for contractals. While it initially used 1.7% as the projection for uncompensated care (bad debt and charity care), after closer review, the Applicant determined that projecting uncompensated care at 3.2% was more appropriate since the unit will be part of the hospital at LHDCMC as opposed to a separate facility like McNew. This modification (reflected in modified Tables J and K) results in the Applicant assuming deductions from revenue of 10% (contractals, charity care, and bad debt in total).

The total projected deductions from revenue are still less than LHDCMC's actual deductions of approximately 17%. We believe this is a reasonable estimate, since LHDCMC experiences higher deductions from revenue in their regulated outpatient programs and the emergency department, both of which tend to have greater uncompensated care than inpatient services.

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The HSCRC also made the Applicant aware of a discrepancy between Tables J and L necessitating a correction to Table L. The following revisions are reflected in the corrected Table L and detailed below:

- 1) The Applicant's Physicians and Nurse Practitioners are Contract Services and correspond to Table J, Line 2b, but they were originally counted in Table L Regular Employees, Direct Care Staff. They are now correctly positioned as Contractual Employees for an approximate cost of \$900, 000 annually.
- 2) In grouping projected staffing for the program, we underreported by 1.2 FTEs (Service was underreported by 1.1 and Tech by 0.1 FTEs). The new numbers accurately reflect our workforce staffing as of Year 7.
- 3) Finally, the Applicant reported Salaries with Benefits in Table J and Salaries without benefits in Table L. Both tables now reflect our salaries with benefits for consistency.

With these corrections, Table L now matches with Table G (within rounding error).

	Table J	Table L
FY2029 Salaries and Wages	\$4.370M	\$4.373M
FY2029 Contractual Services	\$901K	\$895K

Please let me know if you have questions.

Sincerely,



Marta D. Harting
Partner

MDH/dll
Enclosures

cc: Kevin McDonald
Moir Lawson
Jeanne-Marie Gawel
Bob Gallion

TABLE A. PHYSICAL BED CAPACITY BEFORE AND AFTER PROJECT

INSTRUCTIONS: Identify the location of each nursing unit (add or delete rows if necessary) and specify the room and bed count before and after the project in accordance with the definition of physical capacity noted below. Applicants should add columns and recalculate formulas to address rooms with 3 and 4 bed capacity. NOTE: Physical capacity is the total number of beds that could be physically set up in space without significant renovations. This should be the maximum operating capacity under normal, non-emergency circumstances and is a physical count of bed capacity, rather than a measure of staffing capacity. A room with two headwalls and two sets of gasses should be counted as having capacity for two beds, even if it is typically set up and operated with only one bed. A room with one headwall and one set of gasses is counted as a private room, even if it is large enough from a square footage perspective to be used as a semi-private room, since renovation/construction would be required to convert it to semi-private use. If the hospital operates patient rooms that contain no headwalls or a single headwall, but are normally used to accommodate one or more than one patient (e.g., for psychiatric patients), the physical capacity of such rooms should be counted as they are currently used.												
Before the Project							After Project Completion					
Hospital Service	Location (Floor/ Wing)*	Licensed Beds: 7/1/201_	Based on Physical Capacity				Hospital Service	Location (Floor/ Wing)*	Based on Physical Capacity			
			Room Count			Bed Count			Room Count			Bed Count
			Private	Semi-Private	Total Rooms	Physical Capacity			Private	Semi- Private	Total Rooms	Physical Capacity
ACUTE CARE							ACUTE CARE					
General Medical/ Surgical*					0	0	General Medical/ Surgical*				0	0
	3rd Floor	54	48	3	51	54		3rd Floor	48	3	51	54
	4th Floor	56	52	2	54	56		4th Floor	52	2	54	56
	5th Floor	48	48		48	48		5th Floor	48		48	48
					0	0					0	0
SUBTOTAL Gen. Med/Surg*		158	148	5	153	158	SUBTOTAL Gen. Med/Surg*		148	5	153	158
ICU/CCU		12	12		12	12	ICU/CCU		12		12	12
SICU		6	6		6	6	SICU		6		6	6
MICU		6	6		6	6	MICU		6		6	6
TOTAL MSGA		182	172	5	177	182	TOTAL MSGA		172	5	177	182
Obstetrics					0	0	Obstetrics				0	0
Pediatrics					0	0	Pediatrics				0	0
Psychiatric					0	0	Psychiatric		16		16	16
TOTAL ACUTE		182	172	5	177	182	TOTAL ACUTE		188	5	193	198
NON-ACUTE CARE							NON-ACUTE CARE					
Dedicated Observation**	2 East	14	2	6	8	14	Dedicated Observation**	2 East	2	6	8	14
Dedicated Observation**	5th Floor	15	1	7	8	15	Dedicated Observation**	5th Floor	1	7	8	15
Comprehensive Care					0	0	Comprehensive Care				0	0
Other (Specify/add rows as needed)					0	0	Other (Specify/add rows as needed)				0	0
TOTAL NON-ACUTE		29	3	13	16	29	TOTAL NON-ACUTE		3	13	16	29
HOSPITAL TOTAL		211	175	18	193	211	HOSPITAL TOTAL		191	18	209	227

* Include beds dedicated to gynecology and addictions, if unit(s) is separate for acute psychiatric unit

** Include services included in the reporting of the “Observation Center”. Service furnished by the hospital on the hospital's promise, including use of a bed and periodic monitoring by the hospital's nursing or other staff, which are reasonable and necessary to determine the need for a possible admission to the hospital as an inpatient; Must be ordered and documented in writing, given by a medical practitioner.

TABLE B. DEPARTMENTAL GROSS SQUARE FEET AFFECTED BY PROPOSED PROJECT

INSTRUCTION : Add or delete rows if necessary. See additional instruction in the column to the right of the table.

DEPARTMENT/FUNCTIONAL AREA	DEPARTMENTAL GROSS SQUARE FEET				
	Current	To be Added Thru New Construction	To Be Renovated	To Remain As Is	Total After Project Completion
SECOND FLOOR ONLY					
Reception / Waiting	0	525			525
Discharge Area	0	113			113
Private Bedroom (16 bedrooms, 154 SF each)	0	2,457			2,457
Private Bathroom (16 bathrooms, 40 SF each)	0	641			641
Intake/Triage Room	0	129			129
Exam Room	0	126			126
Nurse Station	0	197			197
Group Room - General (2 group rooms, 225 SF each)	0	450			450
Group Room - Occupational Therapy	0	270			270
Open Activity / Dayroom	0	480			480
Medication Room	0	147			147
Quiet Room	0	92			92
Seclusion Room	0	70			70

Seclusion Vestibule	0	46			46
Seclusion Toilet	0	40			40
Pantry	0	136			136
Nourishment	0	49			49
Team Meeting Room	0	245			245
Office (5 offices 137 each)	0	687			687
Security / Control Room	0	118			118
Break Room	0	215			215
Patient Laundry	0	45			45
Soiled Holding Room	0	65			65
Clean Linen	0	94			94
Public Toilet	0	47			47
Staff Toilet (2 toilets 48 SF each)	0	96			96
Housekeeping	0	41			41
Office Storage	0	9			9
Patient Belongings	0	33			33
Equipment Storage	0	65			65
General Receiving Area	0	185			185
Circulation, MEP and other Non-program spaces	0	4,095			4,095

Total		12,008			12,008
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TABLE C. CONSTRUCTION CHARACTERISTICS

INSTRUCTION: If project includes non-hospital space structures (e.g., parking garages, medical office buildings, or energy plants), complete an additional Table C for each structure.

	NEW CONSTRUCTION	RENOVATION
BASE BUILDING CHARACTERISTICS	Check if applicable	
Class of Construction (for renovations the class of the building being renovated)*		
Class A		
Class B		
Class C		
Class D		
Type of Construction/Renovation*		
Low		
Average		
Good		
Excellent		
Number of Stories		

*As defined by Marshall Valuation Service

PROJECT SPACE	List Number of Feet, if applicable	
Total Square Footage	Total Square Feet	
Basement		
First Floor		
Second Floor		12,008
Third Floor		
Fourth Floor		
Average Square Feet		
Perimeter in Linear Feet	Linear Feet	
Basement		
First Floor		
Second Floor		725.50
Third Floor		
Fourth Floor		
Total Linear Feet		
Average Linear Feet		
Wall Height (floor to eaves)	Feet	
Basement		
First Floor		
Second Floor		8.50
Third Floor		
Fourth Floor		
Average Wall Height		
OTHER COMPONENTS		
Elevators	List Number	
Passenger		
Freight		
Sprinklers	Square Feet Covered	
Wet System		12,008
Dry System		
Other	Describe Type	
Type of HVAC System for proposed project	Redistribution of existing ventilation systems	
Type of Exterior Walls for proposed project	Assembly of masonry and EFIS	

TABLE D. ONSITE AND OFFSITE COSTS INCLUDED AND EXCLUDED IN MARSHALL VALUATION COSTS

INSTRUCTION : If project includes non-hospital space structures (e.g., parking garges, medical office buildings, or energy plants), complete an additional Table D for each structure.

	NEW CONSTRUCTION COSTS	RENOVATION COSTS
SITE PREPARATION COSTS		
Normal Site Preparation		N/A
Utilities from Structure to Lot Line		N/A
Subtotal included in Marshall Valuation Costs		
Site Demolition Costs		N/A
Storm Drains		N/A
Rough Grading		N/A
Hillside Foundation		N/A
Paving		N/A
Exterior Signs		N/A
Landscaping		N/A
Walls		N/A
Yard Lighting		N/A
Other (<i>Specify/add rows if needed</i>)		N/A
Subtotal On-Site excluded from Marshall Valuation Costs		
OFFSITE COSTS		
Roads		N/A
Utilities		N/A
Jurisdictional Hook-up Fees		N/A
Other (<i>Specify/add rows if needed</i>)		N/A
Subtotal Off-Site excluded from Marshall Valuation Costs		
TOTAL Estimated On-Site and Off-Site Costs <u>not</u> included in Marshall Valuation Costs	\$0	\$0
TOTAL Site and Off-Site Costs included and excluded from Marshall Valuation Service*	\$0	\$0

*The combined total site and offsite cost included and excluded from Marshall Valuation Service should typically equal the estimated site preparation cost reported in Application Part II, Project Budget (see Table E. Project Budget). If these numbers are not equal, please reconcile the numbers in an explanation in an attachment to the application.

TABLE E. PROJECT BUDGET

<i>INSTRUCTION: Estimates for Capital Costs (1.a-e), Financing Costs and Other Cash Requirements (2.a-g), and Working Capital Startup Costs (3) must reflect current costs as of the date of application and include all costs for construction and renovation. Explain the basis for construction cost estimates, renovation cost estimates, contingencies, interest during construction period, and inflation in an attachment to the application.</i>			
<i>NOTE: Inflation should only be included in the Inflation allowance line A.1.e. The value of donated land for the project should be included on Line A.1.d as a use of funds and on line B.8 as a source of funds</i>			
	Hospital Building	Other Structure	Total
A. USE OF FUNDS			
1. CAPITAL COSTS			
a. New Construction			
(1) Building			\$0
(2) Fixed Equipment			\$0
(3) Site and Infrastructure			\$0
(4) Architect/Engineering Fees			\$0
(5) Permits (Building, Utilities, Etc.)			\$0
SUBTOTAL	\$0	\$0	\$0
b. Renovations			
(1) Building	\$4,813,415		\$4,813,415
(2) Fixed Equipment (not included in construction)	In Building		In Building
(3) Architect/Engineering Fees	\$336,939		\$336,939
(4) Permits (Building, Utilities, Etc.)	\$61,804		\$61,804
SUBTOTAL	\$5,212,158	\$0	\$5,212,158
c. Other Capital Costs			
(1) Movable Equipment (Medical Equipment not part of GC Contract)	\$300,200		\$300,200
(2) Contingency Allowance (15% of Subtotal Building Renovation)	\$781,823		\$781,823
(3) Gross interest during construction period	\$0		\$0
(5) IT/ Integration/AV/Communications Equipment (Not in building cost)	\$540,360		\$540,360
(6) Group II Medical Equipment	\$0		\$0
(7) Group III - Furnishings, Fixtures & Instruments	\$264,176		\$264,176
Extra Ordinary Costs (not included in MSV Rates)			
(8) Design Programming	\$50,236		\$50,236
(9) Enhanced Commissioning	\$62,242		\$62,242
(10) Duress System	\$249,798		\$249,798
(11) Interior Demolition	\$135,307		\$135,307
SUBTOTAL	\$2,384,144	\$0	\$2,384,144
TOTAL CURRENT CAPITAL COSTS	\$7,596,303	\$0	\$7,596,303
d. Land Purchase			
e. Inflation Allowance	\$191,000		\$191,000
TOTAL CAPITAL COSTS	\$7,787,303	\$0	\$7,787,303
2. Financing Cost and Other Cash Requirements			
a. Loan Placement Fees			\$0
b. Bond Discount			\$0
c. CON Application Assistance			
c1. Legal Fees			\$0
c2. Other (Specify/add rows if needed)			
d. Non-CON Consulting Fees			
d1. Legal Fees			\$0
d2. Other (Specify/add rows if needed)			\$0
e. Debt Service Reserve Fund			\$0
f. Other (Specify/add rows if needed)			\$0
SUBTOTAL	\$0	\$0	\$0
3. Working Capital Startup Costs			\$0

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION : Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For section 1, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projection and all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include years, if needed in order to be consistent with Tables G and H.						
Indicate CY or FY	FY2019	FY2020	FY2021 Annual	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028
1. DISCHARGES										
a. General Medical/Surgical*	10,296	10,300	10,159	10,512	10,577	10,643	10,762	10,883	11,005	11,128
b. ICU/CCU	1,547	1,715	1,531	1,529	1,538	1,548	1,565	1,583	1,601	1,619
Total MSGA	11,843	12,015	11,690	12,041	12,116	12,190	12,327	12,466	12,605	12,747
c. Pediatric	0	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	0	0	0	0	557	695	700	705	710	710
Total Acute	11,843	12,015	11,690	12,041	12,673	12,885	13,027	13,171	13,315	13,457
f. Rehabilitation	0	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0	0	0	0
TOTAL DISCHARGES	11,843	12,015	11,690	12,041	12,673	12,885	13,027	13,171	13,315	13,457
2. PATIENT DAYS										
a. General Medical/Surgical*	48,448	41,982	43,462	48,402	48,104	48,402	48,945	49,494	50,049	50,611
b. ICU/CCU	6,099	7,874	8,178	6,213	6,251	6,290	6,361	6,432	6,504	6,577
Total MSGA	54,547	49,856	51,640	54,615	54,355	54,692	55,305	55,926	56,553	57,188
c. Pediatric	0	0	0	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0	0	0	0
e. Acute Psychiatric	0	0	0	0	3,899	4,865	4,900	4,935	4,970	4,970
Total Acute	54,547	49,856	51,640	54,615	58,254	59,557	60,205	60,861	61,523	62,158
f. Rehabilitation	0	0	0	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	10,960	11,028	11,096	11,221	11,346	11,474	11,602
TOTAL PATIENT DAYS	54,547	49,856	51,640	65,575	69,282	70,653	71,426	72,207	72,997	73,760

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION : Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For section 3, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projection and all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include years, if needed in order to be consistent with Tables G and H.						
Indicate CY or FY	FY2019	FY2020	FY2021 Annual	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028
3. AVERAGE LENGTH OF STAY (patient days divided by discharges)										
a. General Medical/Surgical*	4.7	4.1	4.3	4.6	4.5	4.5	4.5	4.5	4.5	4.5
b. ICU/CCU	3.9	4.6	5.3	4.1	4.1	4.1	4.1	4.1	4.1	4.1
Total MSGA	4.6	4.1	4.4	4.5	4.5	4.5	4.5	4.5	4.5	4.5
c. Pediatric	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
d. Obstetric	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
e. Acute Psychiatric	0.0	0.0	0.0	0.0	7.0	7.0	7.0	7.0	7.0	7.0
Total Acute	4.6	4.1	4.4	4.5	4.6	4.6	4.6	4.6	4.6	4.6
f. Rehabilitation	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
g. Comprehensive Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
h. Other (Specify/add rows of needed)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL AVERAGE LENGTH OF STAY	4.6	4.1	4.4	5.4	5.5	5.5	5.5	5.5	5.5	5.5
4. NUMBER OF LICENSED BEDS										
a. General Medical/Surgical*	166	182	182	182	182	182	182	182	182	182
b. ICU/CCU	24	24	24	24	24	24	24	24	24	24
Total MSGA	190	206	206	206	206	206	206	206	206	206
c. Pediatric										
d. Obstetric										
e. Acute Psychiatric							16	16	16	16
Total Acute	190	206	206	206	206	206	222	222	222	222
f. Rehabilitation										
g. Comprehensive Care										
h. Other (Dedicated Observation)	19	19	19	19	19	19	19	19	19	19
TOTAL LICENSED BEDS	209	225	225	225	225	225	241	241	241	241

TABLE F. STATISTICAL PROJECTIONS - ENTIRE FACILITY

INSTRUCTION : Complete this table for the entire facility, including the proposed project. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For section 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projection and all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Include years, if needed in order to be consistent with Tables G and H.						
Indicate CY or FY	FY2019	FY2020	FY2021 Annual	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.										
a. General Medical/Surgical*	80.0%	63.2%	65.4%	72.9%	72.4%	72.9%	73.7%	74.5%	75.3%	76.2%
b. ICU/CCU	69.6%	89.9%	93.4%	70.9%	71.4%	71.8%	72.6%	73.4%	74.2%	75.1%
Total MSGA	78.7%	66.3%	68.7%	72.6%	72.3%	72.7%	73.6%	74.4%	75.2%	76.1%
c. Pediatric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
d. Obstetric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
e. Acute Psychiatric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	83.9%	84.5%	85.1%	85.1%
Total Acute	78.7%	66.3%	68.7%	72.6%	77.5%	79.2%	74.3%	75.1%	75.9%	76.7%
f. Rehabilitation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
g. Comprehensive Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
h. Other (Specify/add rows of needed)	0.0%	0.0%	0.0%	158.0%	159.0%	160.0%	161.8%	163.6%	165.4%	167.3%
TOTAL OCCUPANCY %	71.5%	60.7%	62.9%	79.8%	84.4%	86.0%	81.2%	82.1%	83.0%	83.9%
6. OUTPATIENT VISITS										
a. Emergency Department	47,273	42,469	32,878	48,156	48,454	48,754	49,301	49,854	50,413	50,979
b. Same-day Surgery	6,484	5,498	5,238	6,605	6,646	6,687	6,762	6,838	6,915	6,992
c. Laboratory	810	584	820	825	830	835	841	846	851	856
d. Imaging	764	637	773	778	783	788	793	798	803	808
e. Other (Clinic)	10,759	9,007	4,608	10,960	11,028	11,096	11,221	11,346	11,474	11,602
TOTAL OUTPATIENT VISITS	66,090	58,195	44,318	67,325	67,741	68,160	68,917	69,682	70,455	71,237
7. OBSERVATIONS**										
a. Number of Patients	7,926	5,585	4,182	8,074	8,124	8,174	8,266	8,358	8,452	8,547
b. Hours	153,046	163,539	99,314	155,905	156,870	157,840	159,611	161,402	163,213	165,044

* Include beds dedicated to gynecology and additions, if separate for acute psychiatric unit.

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

TABLE G. REVENUES & EXPENSES, UNINFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table G should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table F and with the c listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Apply why the assumptions are reasonable. Specify the sources of non-operating income.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.						
Indicate CY or FY	FY2019	FY2020	FY2021 P	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028
1. REVENUE										
a. Inpatient Services	\$ 146,114,701	\$ 150,962,118	\$ 165,580,739	\$ 175,118,934	\$ 174,287,745	\$ 175,366,246	\$ 177,333,679	\$ 179,323,185	\$ 181,335,011	\$ 183,369,407
b. Outpatient Services	\$ 111,216,871	\$ 104,000,133	\$ 104,224,053	\$ 104,868,997	\$ 105,517,932	\$ 106,170,882	\$ 106,827,873	\$ 107,488,930	\$ 108,154,077	\$ 108,823,341
c. BH Gross Patient Service @ 100%				\$0	\$6,373,250	\$7,952,260	\$8,009,471	\$8,066,681	\$8,123,892	\$8,123,892
Gross Patient Service Revenues	\$ 257,331,572	\$ 254,962,251	\$ 269,804,791	\$ 279,987,931	\$ 286,178,927	\$ 289,489,389	\$ 292,171,024	\$ 294,878,796	\$ 297,612,980	\$ 300,316,639
c. Allowance For Bad Debt	\$ (10,220,973)	\$ (8,176,953)	\$ (8,652,972)	\$ (8,979,557)	\$ (9,178,110)	\$ (9,284,281)	\$ (9,370,284)	\$ (9,457,126)	\$ (9,544,814)	\$ (9,631,524)
d. Contractual Allowance	\$ (32,809,444)	\$ (35,394,753)	\$ (37,370,736)	\$ (38,781,206)	\$ (39,638,722)	\$ (40,097,256)	\$ (40,468,690)	\$ (40,843,744)	\$ (41,222,456)	\$ (41,596,941)
e. Charity Care										
Net Patient Services Revenue	\$ 214,301,155	\$ 211,390,545	\$ 223,781,083	\$ 232,227,168	\$ 237,362,094	\$ 240,107,853	\$ 242,332,050	\$ 244,577,927	\$ 246,845,709	\$ 249,088,174
f. Other Operating Revenues (Specify/add rows if needed)	\$ 3,315,472	\$ 18,369,657	\$ 4,594,161	\$ 3,483,318	\$ 3,483,318	\$ 3,483,318	\$ 3,483,318	\$ 3,483,318	\$ 3,483,318	\$ 3,483,318
h. Net assets released from restrictions used for operations	\$ 385,403	\$ 256,215								
NET OPERATING REVENUE	\$ 218,002,030	\$ 230,016,417	\$ 228,375,244	\$ 235,710,486	\$ 240,845,412	\$ 243,591,171	\$ 245,815,368	\$ 248,061,245	\$ 250,329,027	\$ 252,571,492
2. EXPENSES										
a. Salaries & Wages (including benefits)	\$ 100,185,437	\$ 103,219,691	\$ 98,696,072	\$ 99,229,031	\$ 101,667,149	\$ 103,468,201	\$ 104,601,239	\$ 105,714,925	\$ 106,876,387	\$ 108,052,450
b. Contractual Services	\$ 31,899,428	\$ 39,700,446	\$ 38,061,468	\$ 38,175,653	\$ 38,745,018	\$ 39,189,210	\$ 39,402,743	\$ 39,617,346	\$ 39,833,160	\$ 40,051,547
c. Interest on Current Debt	\$ 4,766,953	\$ 4,317,819	\$ 4,641,751	\$ 4,648,713	\$ 4,648,106	\$ 4,655,297	\$ 4,668,354	\$ 4,681,447	\$ 4,694,577	\$ 4,707,745
d. Interest on Project Debt				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Current Depreciation	\$ 7,997,413	\$ 9,437,871.62	\$ 11,465,357	\$ 11,482,555	\$ 11,481,055	\$ 11,498,817	\$ 11,531,068	\$ 11,563,410	\$ 11,595,842	\$ 11,628,366
f. Project Depreciation				\$ -	\$ 414,259	\$ 575,429	\$ 575,429	\$ 575,429	\$ 575,429	\$ 575,429
g. Current Amortization	\$ 186,921	\$ 220,588		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
h. Project Amortization				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
i. Supplies	\$ 35,595,171	\$ 33,920,959	\$ 34,957,060	\$ 35,124,854	\$ 35,362,767	\$ 35,598,013	\$ 35,916,780	\$ 36,238,621	\$ 36,563,330	\$ 36,888,614
j. Other Expenses (Specify/add rows if needed)	\$ 20,694,093	\$ 25,754,841.88	\$ 34,509,378	\$ 34,695,729	\$ 34,818,489	\$ 35,044,396	\$ 35,396,508	\$ 35,752,174	\$ 36,111,432	\$ 36,474,318
TOTAL OPERATING EXPENSES	\$ 201,325,416	\$ 216,572,217	\$ 222,331,086	\$ 223,356,535	\$ 227,136,843	\$ 230,029,362	\$ 232,092,120	\$ 234,143,352	\$ 236,250,158	\$ 238,378,468
3. INCOME										
a. Income From Operation	\$ 16,676,614	\$ 13,444,200	\$ 6,044,158	\$ 12,353,951	\$ 13,708,569	\$ 13,561,809	\$ 13,723,247	\$ 13,917,892	\$ 14,078,869	\$ 14,193,024

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table G should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table F and with the data listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Apply why the assumptions are reasonable. Specify the sources of non-operating income.

[illegible]

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Two Most Recent Years (Actual)		Current Year Projected	Projected Years (ending at least two years after project completion and full occupancy) Add columns if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	FY2019	FY2020	FY2021 Annualized	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029
1. REVENUE											
a. Inpatient Services	\$ 146,114,701	\$ 150,962,118	\$ 165,580,739	\$ 179,496,908	\$ 183,111,062	\$ 188,850,267	\$ 195,743,201	\$ 202,887,724	\$ 210,293,018	\$ 217,968,602	\$ 220,413,990
b. Outpatient Services	\$ 111,216,871	\$ 104,000,133	\$ 104,224,053	\$ 107,490,722	\$ 110,859,777	\$ 114,334,428	\$ 117,917,984	\$ 121,613,858	\$ 125,425,572	\$ 129,356,755	\$ 130,157,221
c. Behavioral Health Gross Patient Service @ 100%	\$ -	\$ -	\$ -	\$ -	\$ 6,695,896	\$ 8,563,715	\$ 8,840,957	\$ 9,126,710	\$ 9,421,224	\$ 9,656,755	\$ 9,656,755
Gross Patient Service Revenues	\$ 257,331,572	\$ 254,962,251	\$ 269,804,791	\$ 286,987,629	\$ 300,666,735	\$ 311,748,409	\$ 322,502,142	\$ 333,628,292	\$ 345,139,814	\$ 356,982,111	\$ 360,227,966
c. Allowance For Bad Debt	\$ (10,220,973)	\$ (8,176,953)	\$ (8,652,972)	\$ (9,204,046)	\$ (9,642,752)	\$ (9,998,155)	\$ (10,343,040)	\$ (10,699,870)	\$ (11,069,058)	\$ (11,448,855)	\$ (11,552,954)
d. Contractual Allowance	\$ (32,809,444)	\$ (35,394,753)	\$ (37,370,736)	\$ (39,750,736)	\$ (41,645,433)	\$ (43,180,359)	\$ (44,669,861)	\$ (46,210,947)	\$ (47,805,411)	\$ (49,445,691)	\$ (49,895,275)
e. Charity Care	\$ -	\$ -	\$ -								
Net Patient Services Revenue	\$ 214,301,155	\$ 211,390,545	\$ 223,781,083	\$ 238,032,847	\$ 249,378,550	\$ 258,569,896	\$ 267,489,241	\$ 276,717,475	\$ 286,265,344	\$ 296,087,564	\$ 298,779,737
f. Other Operating Revenues (Specify/add rows if needed)	\$ 3,315,472	\$ 18,369,657	\$ 4,594,161	\$ 3,570,401	\$ 3,659,661	\$ 3,751,152	\$ 3,844,931	\$ 3,941,054	\$ 4,039,581	\$ 4,140,570	\$ 4,140,570
h. Net assets released from restrictions used for operations	\$ 385,403	\$ 256,215	\$ -								
NET OPERATING REVENUE	\$ 218,002,030	\$ 230,016,417	\$ 228,375,244	\$ 241,603,248	\$ 253,038,211	\$ 262,321,048	\$ 271,334,172	\$ 280,658,529	\$ 290,304,925	\$ 300,228,135	\$ 302,920,307
2. EXPENSES											
a. Salaries & Wages (including benefits)	\$ 100,185,437	\$ 103,219,691	\$ 98,696,072	\$ 101,213,612	\$ 105,774,502	\$ 109,801,282	\$ 113,223,745	\$ 116,717,819	\$ 120,360,170	\$ 124,118,301	\$ 125,486,267
b. Contractual Services	\$ 31,899,428	\$ 39,700,446	\$ 38,061,468	\$ 38,748,288	\$ 39,916,087	\$ 40,979,309	\$ 41,820,636	\$ 42,679,133	\$ 43,555,301	\$ 44,451,006	\$ 44,694,741
c. Interest on Current Debt	\$ 4,766,953	\$ 4,317,819	\$ 4,641,751	\$ 4,718,444	\$ 4,788,595	\$ 4,867,943	\$ 4,954,820	\$ 5,043,248	\$ 5,133,254	\$ 5,224,866	\$ 5,239,521
d. Interest on Project Debt	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Current Depreciation	\$ 7,997,413	\$ 9,437,872	\$ 11,465,357	\$ 11,654,794	\$ 11,828,070	\$ 12,024,064	\$ 12,238,655	\$ 12,457,076	\$ 12,679,396	\$ 12,905,682	\$ 12,941,880
f. Project Depreciation	\$ -	\$ -	\$ -	\$ -	\$ 426,780	\$ 601,714	\$ 610,739	\$ 619,900	\$ 629,199	\$ 638,637	\$ 638,637
g. Current Amortization	\$ 186,921	\$ 220,588	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
h. Project Amortization	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
i. Supplies	\$ 35,595,171	\$ 33,920,959	\$ 34,957,060	\$ 36,178,599	\$ 37,516,359	\$ 38,898,910	\$ 40,424,652	\$ 42,010,494	\$ 43,658,528	\$ 45,368,343	\$ 45,771,992
j. Other Expenses (Specify/add rows if needed)	\$ 20,694,093	\$ 25,754,842	\$ 34,509,378	\$ 35,216,165	\$ 35,870,877	\$ 36,645,167	\$ 37,568,563	\$ 38,515,246	\$ 39,485,802	\$ 40,480,836	\$ 40,887,649
TOTAL OPERATING EXPENSES	\$ 201,325,416	\$ 216,572,217	\$ 222,331,086	\$ 227,729,901	\$ 236,121,270	\$ 243,818,389	\$ 250,841,811	\$ 258,042,917	\$ 265,501,650	\$ 273,187,671	\$ 275,660,687
3. INCOME											
a. Income From Operation	\$ 16,676,614	\$ 13,444,200	\$ 6,044,158	\$ 13,873,347	\$ 16,916,940	\$ 18,502,659	\$ 20,492,361	\$ 22,615,612	\$ 24,803,275	\$ 27,040,464	\$ 27,259,620
b. Non-Operating Income	\$ -	\$ -	\$ -								
SUBTOTAL	\$ 16,676,614	\$ 13,444,200	\$ 6,044,158	\$ 13,873,347	\$ 16,916,940	\$ 18,502,659	\$ 20,492,361	\$ 22,615,612	\$ 24,803,275	\$ 27,040,464	\$ 27,259,620
c. Income Taxes											
NET INCOME (LOSS)	\$ 16,676,614	\$ 13,444,200	\$ 6,044,158	\$ 13,873,347	\$ 16,916,940	\$ 18,502,659	\$ 20,492,361	\$ 22,615,612	\$ 24,803,275	\$ 27,040,464	\$ 27,259,620
4. PATIENT MIX											
a. Percent of Total Revenue											
1) Medicare	49.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%	52.0%
2) Medicaid	13.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%	7.0%
3) Blue Cross	23.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%	25.0%
4) Commercial Insurance	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%	13.0%
5) Self-pay	2.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
6) Other											
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
b. Percent of Equivalent Inpatient Days											
Total MSGA											

TABLE H. REVENUES & EXPENSES, INFLATED - ENTIRE FACILITY

INSTRUCTION: Complete this table for the entire facility, including the proposed project. Table H should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table F. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

[illegible]

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables J and K.						
Indicate CY or FY	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028
1. DISCHARGES							
a. General Medical/Surgical*	0	0	0	0	0	0	0
b. ICU/CCU	0	0	0	0	0	0	0
Total MSGA	0	0	0	0	0	0	0
c. Pediatric	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0
e. Acute Psychiatric	0	557	695	700	705	710	710
Total Acute	0	557	695	700	705	710	710
f. Rehabilitation	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0
TOTAL DISCHARGES	0	557	695	700	705	710	710
2. PATIENT DAYS							
a. General Medical/Surgical*	0	0	0	0	0	0	0
b. ICU/CCU	0	0	0	0	0	0	0
Total MSGA	0	0	0	0	0	0	0
c. Pediatric	0	0	0	0	0	0	0
d. Obstetric	0	0	0	0	0	0	0
e. Acute Psychiatric	0	3,899	4,865	4,900	4,935	4,970	4,970
Total Acute	0	3899	4865	4900	4935	4970	4970
f. Rehabilitation	0	0	0	0	0	0	0
g. Comprehensive Care	0	0	0	0	0	0	0
h. Other (Specify/add rows of needed)	0	0	0	0	0	0	0
TOTAL PATIENT DAYS	0	3,899	4,865	4,900	4,935	4,970	4,970
3. AVERAGE LENGTH OF STAY							
a. General Medical/Surgical*	0.0	0.0	0.0	0.0	0.0	0.0	0.0
b. ICU/CCU	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total MSGA	0.0	0.0	0.0	0.0	0.0	0.0	0.0
c. Pediatric	0.0	0.0	0.0	0.0	0.0	0.0	0.0
d. Obstetric	0.0	0.0	0.0	0.0	0.0	0.0	0.0
e. Acute Psychiatric	0.0	7.0	7.0	7.0	7.0	7.0	7.0
Total Acute	0.0	7.0	7.0	7.0	7.0	7.0	7.0
f. Rehabilitation	0.0	0.0	0.0	0.0	0.0	0.0	0.0
g. Comprehensive Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0
h. Other (Specify/add rows of needed)	0.0	0.0	0.0	0.0	0.0	0.0	0.0
TOTAL AVERAGE LENGTH OF STAY	0.0	7.0	7.0	7.0	7.0	7.0	7.0

TABLE I. STATISTICAL PROJECTIONS - NEW FACILITY OR SERVICE

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). For sections 4 & 5, the number of beds and occupancy percentage should be reported on the basis of licensed beds. In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years (ending at least two years after project completion and full occupancy) Include additional years, if needed in order to be consistent with Tables J and K.						
Indicate CY or FY	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028
4. NUMBER OF LICENSED BEDS							
a. General Medical/Surgical*							
b. ICU/CCU							
Total MSGA	0	0	0	0	0	0	0
c. Pediatric							
d. Obstetric	0	0	0				
e. Acute Psychiatric				16	16	16	16
Total Acute	0	0	0	16	16	16	16
f. Rehabilitation							
g. Comprehensive Care							
h. Other (Specify/add rows of needed)							
TOTAL LICENSED BEDS	0	0	0	16	16	16	16
5. OCCUPANCY PERCENTAGE *IMPORTANT NOTE: Leap year formulas should be changed by applicant to reflect 366 days per year.							
a. General Medical/Surgical*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
b. ICU/CCU	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Total MSGA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
c. Pediatric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
d. Obstetric	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
e. Acute Psychiatric	0.0%	0.0%	0.0%	83.9%	84.5%	85.1%	85.1%
Total Acute	0.0%	0.0%	0.0%	83.9%	84.5%	85.1%	85.1%
f. Rehabilitation	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
g. Comprehensive Care	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
h. Other (Specify/add rows of needed)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
TOTAL OCCUPANCY %	0.0%	0.0%	0.0%	83.9%	84.5%	85.1%	85.1%
6. OUTPATIENT VISITS							
a. Emergency Department	0	0	0	0	0	0	0
b. Same-day Surgery	0	0	0	0	0	0	0
c. Laboratory	0	0	0	0	0	0	0
d. Imaging	0	0	0	0	0	0	0
e. Other (Specify/add rows of needed)	0	0	0	0	0	0	0
TOTAL OUTPATIENT VISITS	0	0	0	0	0	0	0
7. OBSERVATIONS**							
a. Number of Patients	0	0	0	0	0	0	0
b. Hours	0	0	0	0	0	0	0

*Include beds dedicated to gynecology and addictions, if separate for acute psychiatric unit.

** Services included in the reporting of the "Observation Center", direct expenses incurred in providing bedside care to observation patients; furnished by the hospital on the hospital's premises, including use of a bed and periodic monitoring by the hospital's nursing or other staff, in order to determine the need for a possible admission to the hospitals as an inpatient. Such services must be ordered and documented in writing, given by a medical practitioner; may or may not be provided in a distinct area of the hospital.

TABLE J. REVENUES & EXPENSES, UNINFLATED - NEW FACILITY OR SERVICE

INSTRUCTION : After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table J should reflect current dollars (no inflation). Projected revenues and expenses should be consistent with the projections in Table I and with the costs of Manpower listed in Table L. Manpower. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable. Specify the sources of non-operating income.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029
1. REVENUE								
a. Inpatient Services		\$6,373,250	\$7,952,260	\$8,009,471	\$8,066,681	\$8,123,892	\$8,123,892	\$8,123,892
b. Outpatient Services								
Gross Patient Service Revenues	\$0	\$6,373,250	\$7,952,260	\$8,009,471	\$8,066,681	\$8,123,892	\$8,123,892	\$8,123,892
c. Allowance For Bad Debt		\$ (76,479)	\$ (95,427)	\$ (96,114)	\$ (96,800)	\$ (97,487)	\$ (97,487)	\$ (97,487)
d. Contractual Allowance		\$ (433,381)	\$ (540,754)	\$ (544,644)	\$ (548,534)	\$ (552,425)	\$ (552,425)	\$ (552,425)
e. Charity Care		\$ (127,465)	\$ (159,045)	\$ (160,189)	\$ (161,334)	\$ (162,478)	\$ (162,478)	\$ (162,478)
Net Patient Services Revenue	\$0	\$5,735,925	\$7,157,034	\$7,208,524	\$7,260,013	\$7,311,503	\$7,311,503	\$7,311,503
f. Other Operating Revenues (Specify)								
NET OPERATING REVENUE	\$ -	\$ 5,735,925	\$ 7,157,034	\$ 7,208,524	\$ 7,260,013	\$ 7,311,503	\$ 7,311,503	\$ 7,311,503
2. EXPENSES								
a. Salaries & Wages (including benefits)		\$ 2,484,780	\$ 3,733,461	\$ 3,859,468	\$ 3,955,955	\$ 4,089,947	\$ 4,228,166	\$ 4,370,739
b. Contractual Services		\$ 579,339	\$ 905,445	\$ 904,226	\$ 902,871	\$ 901,517	\$ 901,517	\$ 901,517
c. Interest on Current Debt								
d. Interest on Project Debt								
e. Current Depreciation								
f. Project Depreciation		\$ 414,259	\$ 575,429	\$ 575,429	\$ 575,429	\$ 575,429	\$ 575,429	\$ 575,429
g. Current Amortization								
h. Project Amortization								
i. Supplies		\$ 252,595	\$ 314,030	\$ 316,117	\$ 318,435	\$ 320,754	\$ 320,754	\$ 320,754
j. Other Expenses (Specify)		\$ 139,076	\$ 171,845	\$ 171,845	\$ 171,845	\$ 171,845	\$ 171,845	\$ 171,845
TOTAL OPERATING EXPENSES	\$ -	\$ 3,870,049	\$ 5,700,210	\$ 5,827,085	\$ 5,924,535	\$ 6,059,491	\$ 6,197,710	\$ 6,340,283
3. INCOME								
a. Income From Operation	\$ -	\$ 1,865,876	\$ 1,456,824	\$ 1,381,439	\$ 1,335,478	\$ 1,252,012	\$ 1,113,793	\$ 971,219
b. Non-Operating Income								
SUBTOTAL	\$ -	\$ 1,865,876	\$ 1,456,824	\$ 1,381,439	\$ 1,335,478	\$ 1,252,012	\$ 1,113,793	\$ 971,219
c. Income Taxes								
NET INCOME (LOSS)	\$ -	\$ 1,865,876	\$ 1,456,824	\$ 1,381,439	\$ 1,335,478	\$ 1,252,012	\$ 1,113,793	\$ 971,219

TABLE K. REVENUES & EXPENSES, INFLATED - NEW FACILITY OR SERVICE

INSTRUCTION : After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.							
Indicate CY or FY	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029
1. REVENUE								
a. Inpatient Services		\$ 6,532,583	\$ 8,354,845	\$ 8,840,957	\$ 9,126,710	\$ 9,421,224	\$9,656,755	\$ 9,898,173
b. Outpatient Services								
Gross Patient Service Revenues	\$ -	\$ 6,532,583	\$ 8,354,845	\$ 8,840,957	\$ 9,126,710	\$ 9,421,224	\$ 9,656,755	\$ 9,898,173
c. Allowance For Bad Debt		\$ (78,391)	\$ (102,765)	\$ (106,091)	\$ (109,521)	\$ (113,054.69)	\$ (115,881)	\$ (118,778)
d. Contractual Allowance		\$ (444,216)	\$ (582,333)	\$ (601,185)	\$ (620,616)	\$ (640,643)	\$ (656,659)	\$ (673,076)
e. Charity Care		\$ (130,652)	\$ (171,274)	\$ (176,819)	\$ (182,534)	\$ (188,424)	\$ (193,135)	\$ (197,963)
Net Patient Services Revenue	\$ -	\$ 5,879,324	\$ 7,498,473	\$ 7,956,862	\$ 8,214,039	\$ 8,479,102	\$ 8,691,079	\$ 8,908,356
f. Other Operating Revenues (Specify/add rows of needed)								
NET OPERATING REVENUE	\$ -	\$ 5,879,324	\$ 7,498,473	\$ 7,956,862	\$ 8,214,039	\$ 8,479,102	\$ 8,691,079	\$ 8,908,356
2. EXPENSES								
a. Salaries & Wages (including benefits)		\$ 2,534,476	\$ 3,808,131	\$ 4,177,613	\$ 4,367,694	\$ 4,605,944	\$ 4,856,833	\$ 5,121,018
b. Contractual Services		\$ 596,850	\$ 946,804	\$ 959,712	\$ 972,649	\$ 985,757	\$ 1,000,544	\$ 1,015,552
c. Interest on Current Debt				\$ -	\$ -	\$ -	\$ -	\$ -
d. Interest on Project Debt				\$ -	\$ -	\$ -	\$ -	\$ -
e. Current Depreciation				\$ -	\$ -	\$ -	\$ -	\$ -
f. Project Depreciation		\$ 426,780	\$ 601,714	\$ 610,739	\$ 619,900	\$ 629,199	\$638,637	\$ 648,216
g. Current Amortization				\$ -	\$ -	\$ -	\$ -	\$ -
h. Project Amortization				\$ -	\$ -	\$ -	\$ -	\$ -
i. Supplies		\$ 267,978	\$ 343,150	\$ 355,792	\$ 369,154	\$ 382,997	\$394,486	\$ 406,321
j. Other Expenses (Specify/add rows of needed)		\$ 143,279	\$ 179,695	\$ 182,390	\$ 185,126	\$ 187,903	\$ 190,721	\$ 193,582
TOTAL OPERATING EXPENSES	\$ -	\$ 3,969,363	\$ 5,879,493	\$ 6,286,246	\$ 6,514,523	\$ 6,791,800	\$ 7,081,222	\$ 7,384,689
3. INCOME								
a. Income From Operation	\$ -	\$ 1,909,961	\$ 1,618,980	\$ 1,670,615	\$ 1,699,516	\$ 1,687,302	\$ 1,609,858	\$ 1,523,667
b. Non-Operating Income								
SUBTOTAL	\$ -	\$ 1,909,961	\$ 1,618,980	\$ 1,670,615	\$ 1,699,516	\$ 1,687,302	\$ 1,609,858	\$ 1,523,667
c. Income Taxes								
NET INCOME (LOSS)	\$ -	\$ 1,909,961	\$ 1,618,980	\$ 1,670,615	\$ 1,699,516	\$ 1,687,302	\$ 1,609,858	\$ 1,523,667

INSTRUCTION: After consulting with Commission Staff, complete this table for the new facility or service (the proposed project). Table K should reflect inflation. Projected revenues and expenses should be consistent with the projections in Table I. Indicate on the table if the reporting period is Calendar Year (CY) or Fiscal Year (FY). In an attachment to the application, provide an explanation or basis for the projections and specify all assumptions used. Applicants must explain why the assumptions are reasonable.

	Projected Years (ending at least two years after project completion and full occupancy) Add years, if needed in order to document that the hospital will generate excess revenues over total expenses consistent with the Financial Feasibility standard.
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[illegible]

TABLE L. WORKFORCE INFORMATION

INSTRUCTION: List the facility's existing staffing and changes required by this project. Include all major job categories under each heading provided in the table. The number of Full Time Equivalents (FTEs) should be calculated on the basis of 2,080 paid hours per year equals one FTE. In an attachment to the application, explain any factor used in converting paid hours to worked hours. Please ensure that the projections in this table are consistent with expenses provided in uninflated projections in Tables F and G.

	CURRENT ENTIRE FACILITY			PROJECTED CHANGES AS A RESULT OF THE PROPOSED PROJECT THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			OTHER EXPECTED CHANGES IN OPERATIONS THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS)			PROJECTED ENTIRE FACILITY THROUGH THE LAST YEAR OF PROJECTION (CURRENT DOLLARS) *	
Job Category	Current Year FTEs	Average Salary per FTE	Current Year Total Cost	FTEs	Average Salary per FTE	Total Cost (should be consistent with projections in Table G, if submitted).	FTEs	Average Salary per FTE	Total Cost	FTEs	Total Cost (should be consistent with projections in Table G)
1. Regular Employees											
Administration (List general categories, add rows if needed)											
Management	81.0	\$ 146,001	\$ 11,826,054	1.5	\$187,888	\$287,469	0.6	\$146,001	\$80,300	83.1	\$12,193,823
			\$ -						\$0	0.0	\$0
			\$ -						\$0	0.0	\$0
			\$ -						\$0	0.0	\$0
Total Administration	81.0	\$ 146,001	\$ 11,826,054	1.5	187,888.0	287,468.6	0.6	\$146,001	\$80,300	83.1	\$12,193,823
Direct Care Staff (List general categories, add rows if needed)											
Physician	10.0	\$377,115	\$3,771,154			\$0			\$0	10.0	\$3,771,154
Physician Assistant	6.0	\$126,016	\$756,098						\$0	6.0	\$756,098
Nurse Practitioner	11.0	\$116,009	\$1,276,101			\$0			\$0	11.0	\$1,276,101
RN	318.0	\$100,270	\$31,885,956	15.0	\$138,595	\$2,078,920	4.9	\$100,270	\$491,324	337.9	\$34,456,201
Nursing Assistant	138.0	\$42,551	\$5,872,076				4.5	\$42,551	\$191,481	142.5	\$6,063,556
Total Direct Care	483.0	\$ 761,962	\$ 43,561,384	15.0	138,594.7	2,078,920.4	9.4	\$142,822	\$682,805	507.4	\$46,323,110
Support Staff (List general categories, add rows if needed)											
ADMIN SUPP	218.0	\$47,314	\$10,314,532	3.5	\$69,172	\$242,100			\$0	221.5	\$10,556,632
PROF	146.0	\$105,696	\$15,431,670	5.0	\$121,366	\$606,832	3.2	\$105,696	\$338,228	154.2	\$16,376,731
SALES	3.1	\$45,152	\$139,971						\$0	3.1	\$139,971
CRAFT	12.0	\$69,158	\$829,895						\$0	12.0	\$829,895
TECH	192.0	\$71,709	\$13,768,064	10.4	\$60,515	\$629,353	6.4	\$71,709	\$458,935	208.8	\$14,856,352
SERVICE	189.0	\$38,895	\$7,351,200	7.1	\$74,504	\$528,981	2.3	\$38,895	\$89,459	198.4	\$7,969,640
Total Support	760	377,925	47,835,331	26.0	325,557	2,007,267	11.9	\$216,300	\$886,623	798.0	\$50,729,222
REGULAR EMPLOYEES TOTAL	1,324	1,285,888	103,222,770	43	652,040	4,373,656	22	505,123	1,649,728	1,388.5	\$109,246,155
2. Contractual Employees											
Administration (List general categories, add rows if needed)											
			\$ -			\$0			\$0	0.0	\$0

TABLE L. WORKFORCE INFORMATION

			\$ -			\$0			\$0	0.0	\$0
			\$ -			\$0			\$0	0.0	\$0
			\$ -			\$0			\$0	0.0	\$0
Total Administration			\$ -			\$0			\$0	0.0	\$0
Direct Care Staff (List general categories, add rows if needed)											
Physician			\$0	2.0	\$320,000	\$640,000			\$0	2.0	\$640,000
			\$0			\$0			\$0	0.0	\$0
Nurse Practitioner			\$0	1.5	\$170,000	\$255,000			\$0	1.5	\$255,000
			\$0			\$0			\$0	0.0	\$0
Total Direct Care Staff			\$0	3.5	\$490,000	\$895,000			\$0	3.5	\$895,000
Support Staff (List general categories, add rows if needed)											
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
			\$0			\$0			\$0	0.0	\$0
Total Support Staff			\$0			\$0			\$0	0.0	\$0
CONTRACTUAL EMPLOYEES TOTAL			\$0	3.5	\$490,000	\$895,000			\$0	3.5	\$895,000
Benefits (State method of calculating benefits below) :											
TOTAL COST	1,324.1		\$103,222,770	46.0		\$5,268,656	21.9		\$1,649,728		\$110,141,155